



Government of the District of Columbia  
Office of the State Superintendent of Education  
Wellness and Nutrition Services  
National School Lunch/Breakfast/Afterschool Snack  
School Year 2013 - 2014  
Reimbursement Claim Form

Instructions:

- Email the signed Claim(s) for Reimbursement to : [nsdp.claims@dc.gov](mailto:nsdp.claims@dc.gov)
- Edit Check Worksheets must be included with your claim
- Enter data ONLY in blue shaded areas
- Retain a copy for your files

Claim Month	FEBRUARY	Year	2014	Amended (Y or N)		Prepared By:	
Sponsor Name	The Next Step Public Charter School				Phone	202 319-2277	
Email	<a href="mailto:yvette@nextsteppcs.org">yvette@nextsteppcs.org</a>				Fax	202-234-0001	

1. GENERAL DATA

Meal Type	Lunch	Breakfast	Severe Need Breakfast	Reg Brk&SN	Snacks
a. Number of Schools Participating	1	0	1	1	
b. Number of School Operating Days	13	0	13	13	
c. Enrollment	198	0	198	198	
d. Average Daily Participation	78	0	23	23	0
e. Number Approved for Free	122				
f. Number Approved for Reduced	59				
g. Total Monthly Attendance	1,544	Maximum Days of Meals Service	13	Average Daily Attendance	119

2. SCHOOL LUNCH

LUNCH	Meals Served		Rates		
\$.02 Extra Rate Eligible (Y or N)	Y				
\$.06 Menu Certification (Y or N)	Y				
a. Free	533	X	\$2.95	=	\$1,572.35
b. Reduced	408	X	\$2.55	=	\$1,040.40
c. Paid	78	X	\$0.30	=	\$23.40
d. Total Student Lunches	1,019				\$2,636.15
e. 6 Cent Certified Lunches	1,019	X	\$0.06	=	\$61.14
					\$2,697.29 Subtotal

3. SCHOOL BREAKFAST

Regular Breakfast	Meals Served		Rates		
a. Free		X	\$1.58	=	\$0.00
b. Reduced		X	\$1.28	=	\$0.00
c. Paid		X	\$0.28	=	\$0.00
					\$0.00 Subtotal
Severe Need Breakfast					
d. Free	155	X	\$1.89	=	\$292.95
e. Reduced	117	X	\$1.59	=	\$186.03
f. Paid	27	X	\$0.28	=	\$7.56
g. Total Student Breakfasts	299				\$486.54 Subtotal
					\$486.54 Brk Total

4. AFTERSCHOOL SNACK

Snacks	Meals Served		Rates		
a. Area Eligible		X	\$0.80	=	\$0.00
					\$0.00 Subtotal

5. TOTAL FUNDS RECEIVED THIS MONTH

a. USDA Reimbursements (2+3+4)=	\$3,183.83	Claim Total
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I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Yvette Bennett  
Print Name of Authorized Representative  
  
Signature of Authorized Representative

Director Of Finance and Operations  
Title of Authorized Representative  
2/6/2014  
Date of Preparation